102-1-17. Licensee consult with physician when determining symptoms of mental disorders.

- (a) "Consult", as used in K.S.A. 74-5302 and amendments thereto, shall be defined as contact made by the licensee with the appropriate medical professional indicated in subsection (b), for the purpose of promoting a collaborative approach to the client's care. This contact may or may not be intended to accomplish confirmation of diagnosis. The timing of this action by the licensee shall be managed in a way that enhances the progress of assessment, diagnosis, and treatment. This consult may or may not be completed in the initial session of service delivery.
- (b) The consult with the client's physician or psychiatrist may occur through documented face-to-face contact, documented telephonic contact, or other documented communication by the licensee with the physician, the physician's assistant, or designated nursing staff. When initiating this contact, the licensee shall not be responsible for the medical professional's response or for the client's compliance with any related intervention made by the medical professional.
- (c) If a licensee is practicing in a setting or contract arrangement that involves a person licensed to practice medicine and surgery for review of mental health treatment, a physician consult may be completed through medical involvement completed in accordance with the established procedure of the setting or contract arrangement.
- (d) If a licensee is practicing in a licensed community mental health center or its affiliate, or other agency of the state or licensed by the state for providing mental health, rehabilitative, or correctional services, a physician consult shall not be required beyond the procedures for medical involvement as established by the qualifying agency.
- (e) In order to maintain patient confidentiality and informed consent, the licensee shall obtain either a written consent to consult with the patient's physician or a written waiver declining the consultation.
- (f) Independent diagnosis may be achieved by the licensee consulting with another mental health practitioner in order to establish a diagnosis. (Authorized by K.S.A. 1999 Supp. 74-7507; implementing K.S.A. 74-5302, as amended by L. 1999, Ch. 117, Sec. 25; effective Oct. 27, 2000.)